

066-CC-0969

Ministerios Dejame Ayudarte

401 H Street, Suite B
Chula Vista, CA 91910

Received & initialed

JAN 21 2010

FCC Mail Room

I Miriam Nino
*Family Consulting
www.dejameayudarte.com

Office (619)409-9893
Cell (619) 990-0863

January 19, 2010

FCC
Attn: Secretary Office
Closed Captioning
445 12th Street, SW,
Washington, DC 20554.

Re: Request for Exemption to the Closed Captioning Requirements on the Basis of Undue Burden

To Whom it May Concern:

Mimisterios Dejame Ayudarte respectfully submits this petition requesting exemption from the closed captioning requirements under section 79.1 of the Commission's rules 47 C.F.R. § 79.1 (f)

I'm a Licence Family Consulting is the only locally produced show that helps out hispanic community with prevention education, skill life, matrimony issues, divorce, teen, alcohol, drug related problems, pro family.

This is a unique program that focuses on really helping people. I do not charge for this services when guests appear in the show.

This is a 28 minute show, 10:30 am to 10:58 am (No repetition) on Telemundo which 50% of it audience is in Tijuana, Mexico.

We cannot cover the charges for close caption since we are not funded by anybody.

This will be a thirteen air time show. The cost per air-time show is \$1,200.00 dls The total cost will be \$15,600.00. We are spending our own money and time in this project that will benefit greatly the latin community.

Please accept this request that "Mimisterios Dejame Ayudarte" be exempted from the closed captioning requirements for the above stated reasons.

If you have any questions please so not hesitate to contact me

Sincerely, -

Miriam Nino

AFFIDAVIT

State of California

County of San Diego

Before the undersigned, an officer duly commissioned by the laws of California on this 20th day of January, 2010, personally appeared Miriam Nino this affidavit is referring to who having been first duly sworn depose and say:

I, Miriam Nino, mail a Request for Exemption to the Closed Captioning letter to the FCC with a original and two copies to mailing address

FCC
Attn: Secretary Office
Closed Captioning
445 12th Street, SW,
Washington, DC 20554.

Witness: _____

Sworn and subscribed before me this 20th, day of January, A.D. 2010

Notary Public: Amy Lynn Pountain





COPY

TAX PAYMENT INSTRUCTIONS

Client: MIRIAM M. NIÑO
Month: September **Quarterly:** 3 rd -09

Enclosed please find the following forms:

X APPLIES	FORM	DESCRIPTION		AMOUNT
X	940	Internal Revenue Service	Need Check	- 0 -
X	944	Internal Revenue Service	No Check	- 0 -
X	DE-6	EDD	No Check	- 0 -
	DE-7	EDD	No Check	- 0 -
	W-2's	Social Security	No Check	- 0 -
	W-3	Social security	No Check	- 0 -



All the above forms indicated must be mailed with the appropriate check on or before: _____

DEPOSITS

X APPLIES	TYPE OF TAX	TAX PERIOD	PAYEE	AMOUNT
X	941	09/30/09	Your Bank	337.02
X	940	09/30/09	Your Bank	50.71
X	EDD	09/30/09	EDD	88.81



Payroll tax deposit (941) must be deposited at your bank by

10/15/09



Payroll tax deposit (940) must be deposited at your bank by

10/15/09



Employment Development Department deposit should be mailed by

10/30/09

Sincerely,

Nora Gonzalez

Date:

10/10/2009

Tel: (619) 691-9620

Tel: (619) 476-8242

Fax: (619) 691-9622

660 Bay Blvd Ste 101
Chula Vista, CA 91910

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

50.71

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN

MIRIAM M NINO
MINISTERIOS DEJAME AYUDARIE
401 H ST STE 8-B
CHULA VISTA, CA 91910-4337

941	945	1st Quarter
1120	1042	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	944	
940		

82

89 6 Telephone number (619) 691 96 20

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2006)

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

337.02

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN

MIRIAM M NINO
MINISTERIOS DEJAME AYUDARIE
401 H ST STE 8-B
CHULA VISTA, CA 91910-4337

941	945	1st Quarter
1120	1042	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	944	
940		

82

89 6 Telephone number (619) 691 96 20

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2006)

(EIN)
Employer identification number _____

Name (not your trade name) Miriam M. Niño

Trade name (if any) dba: Ministerios Dejame Ayudarte

Address 401 H Street Suite 8-B
Chula Vista CA 91910

Report for this Quarter of 2009 (Check one)

☐ 1: January, February, March

☐ 2: April, May, June

☒ 3: July, August, September

☐ 4: October, November, December

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	<input type="text" value="1"/>
2	Wages, tips, and other compensation	2	<input type="text" value="1930.50"/>
3	Income tax withheld from wages, tips, and other compensation	3	<input type="text" value="41.66"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.
5	Taxable social security and Medicare wages and tips:		
	Column 1	Column 2	
5a	Taxable social security wages	<input type="text" value="1930.50"/> x .124 =	<input type="text" value="239.38"/>
5b	Taxable social security tips ..	<input type="text"/> x .124 =	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="1930.50"/> x .029 =	<input type="text" value="55.98"/>
5d	Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	<input type="text" value="295.36"/>
6	Total taxes before adjustments (lines 3 + 5d = line 6)	6	<input type="text" value="337.02"/>
7	CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions.		
7a	Current quarter's fractions of cents	<input type="text"/>	
7b	Current quarter's sick pay	<input type="text"/>	
7c	Current quarter's adjustments for tips and group-term life insurance	<input type="text"/>	
7d	TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c	7d	<input type="text"/>
8	Total taxes after adjustments. Combine lines 6 and 7d	8	<input type="text" value="337.02"/>
9	Advance earned income credit (EIC) payments made to employees	9	<input type="text"/>
10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	<input type="text" value="337.02"/>
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X	<input type="text"/>	
12a	COBRA premium assistance payments (see instructions)	<input type="text"/>	
12b	Number of individuals provided COBRA premium assistance reported on line 12a	<input type="text"/>	
13	Add lines 11 and 12a	13	<input type="text" value="337.02"/>
14	Balance due. If line 10 is more than line 13, enter the difference here	14	<input type="text"/>
For information on how to pay, see the instructions.			
15	Overpayment. If line 13 is more than line 10, enter the difference here	<input type="text"/>	Check one <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund

▶ You **MUST** complete both pages of Form 941 and **SIGN** it. Next ▶

Name (not your trade name)

Miriam M. Niño

Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 ☐ CA Enter the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.17 Check one: ☒ Line 10 is less than \$2,500. Go to Part 3.☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 10.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**18 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages

19 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.**Part 4: May we speak with your third-party designee?**


Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☒ No.**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 Sign your name here

Print your name here

Miriam M. Niño

Print your title here

OWNER

Date

10/10/09

Best daytime phone

619-990-0863

Paid preparer's use onlyCheck if you are self-employed ☐

Preparer's name

Preparer's SSN/PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Chula Vista

CA

91910

660 Bay Blv Ste 101

Merc Advisors, LLC.

619-691-9620

10/10/09

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

Calendar year **2009**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

970309

Report for this Quarter

- ☐ 1: January, February, March
☐ 2: April, May, June
☒ 3: July, August, September
☐ 4: October, November, December

Employer identification number

Name (not your trade name) **Miriam M. Niño**

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 (or Form 941-SS), DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

1		9		17	15.31	25	
2		10	17.25	18		26	
3	8.42	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	39.43
8		16		24			

Tax liability for Month 1

80.41

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	34.89
5		13		21	27.93	29	
6		14	16.84	22		30	
7	27.93	15		23		31	
8		16		24			

Tax liability for Month 2

107.59

Month 3

1		9		17		25	65.22
2		10		18	27.93	26	
3		11	27.93	19		27	
4	27.94	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

149.02

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter
 Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).

Total liability for the quarter

337.02

For Paperwork Reduction Act Notice, see separate instructions.

Schedule B (Form 941) Rev. 2-2009



PAGE 1 OF 1

A0060198

QTR ENDED 9 30 09

DUE 10 01 09

DELINQUENT 11 02 09

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261 3265 4

Miriam M. Niño
401 H Street Suite 8-B

Chula Vista CA 91910

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VOLUNTARY PLAN DI

No Payroll

Final Return

Denise

Peiler

1,930.50

1,930.50

1,930.50

1,930.50

1,930.50

1,930.50

I declare that the information herein is true and correct to the best of my knowledge and belief.

SIGNATURE

DATE 10 10 09

TITLE Owner

PHONE NO. 619-691-9620

Form DE 88ALL Payroll Tax Deposit

(on bottom of page)

CUT ALONG DASHED LINE

CUT ALONG DASHED LINE



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Miriam M. Niño
401 H Street Suite 8-B
Chula Vista CA 91910
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EMPLOYMENT DEVELOPMENT DEPARTMENT

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A01880698

PREPARER

PHONE NUMBER
619-691-9620





COPY

TAX PAYMENT INSTRUCTIONS

Client: MIRIAM M. NIÑO

Month: September Quarterly: 3 rd -09

Enclosed please find the following forms:

X APPLIES	FORM	DESCRIPTION		AMOUNT
X	940	Internal Revenue Service	Need Check	- 0 -
X	944	Internal Revenue Service	No Check	- 0 -
X	DE-6	EDD	No Check	- 0 -
	DE-7	EDD	No Check	- 0 -
	W-2's	Social Security	No Check	- 0 -
	W-3	Social security	No Check	- 0 -



All the above forms indicated must be mailed with the appropriate check on or before: _____

DEPOSITS

X APPLIES	TYPE OF TAX	TAX PERIOD	PAYEE	AMOUNT
X	941	09/30/09	Your Bank	337.02
X	940	09/30/09	Your Bank	50.71
X	EDD	09/30/09	EDD	88.81



Payroll tax deposit (941) must be deposited at your bank by

10/15/09



Payroll tax deposit (940) must be deposited at your bank by

10/15/09



Employment Development Department deposit should be mailed by

10/30/09

Sincerely,

Nora Gonzalez

Date:

10/10/2009

Tel: (619) 691-9620

Tel: (619) 476-8242

Fax: (619) 691-9622

660 Bay Blvd Ste 101
Chula Vista, CA 91910

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN

MIRIAM N NINO
MINISTERIOS DEJANE AYUDARIE
401 H ST STE A-B
CHULA VISTA, CA 92010-4337

50.71

941	945	1st Quarter
1120	1042	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	944	
940		

82

FOR BANK USE IN MICR ENCODING

89 b Telephone number (619) 691 96 20

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2008)

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN

MIRIAM N NINO
MINISTERIOS DEJANE AYUDARIE
401 H ST STE A-B
CHULA VISTA, CA 92010-4337

337.02

941	945	1st Quarter
1120	1042	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	944	
940		

82

FOR BANK USE IN MICR ENCODING

89 b Telephone number (619) 691 96 20

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2008)

(EIN)
Employer identification number _____

Name (not your trade name) Miriam M. Niño

Trade name (if any) dba: Ministerios Dejame Ayudarte

Address 401 H Street Suite 8-B
Chula Vista CA 91910

Report for this Quarter of 2009 (Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☒ 3: July, August, September

☐ 4: October, November, December

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1 1

2 Wages, tips, and other compensation 2 1930.50

3 Income tax withheld from wages, tips, and other compensation 3 41.66

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
5a Taxable social security wages	<u>1930.50</u>	x .124 =	<u>239.38</u>
5b Taxable social security tips ..		x .124 =	
5c Taxable Medicare wages & tips	<u>1930.50</u>	x .029 =	<u>55.98</u>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)			<u>295.36</u>
6 Total taxes before adjustments (lines 3 + 5d = line 6)			<u>337.02</u>

7 CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment.
See the instructions.

7a Current quarter's fractions of cents

7b Current quarter's sick pay

7c Current quarter's adjustments for tips and group-term life insurance

7d TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c 7d

8 Total taxes after adjustments. Combine lines 6 and 7d 8 337.02

9 Advance earned income credit (EIC) payments made to employees 9

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) 10 337.02

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X

12a COBRA premium assistance payments (see instructions)

12b Number of individuals provided COBRA premium assistance reported on line 12a

13 Add lines 11 and 12a 13 337.02

14 Balance due. If line 10 is more than line 13, enter the difference here 14
For information on how to pay, see the instructions.

15 Overpayment. If line 13 is more than line 10, enter the difference here

Check one ☐ Apply to next return. ☐ Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.

Next ▶

Name (not your trade name)

Miriam M. Niño

Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 ☐ CA Enter the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.17 Check one: ☒ Line 10 is less than \$2,500. Go to Part 3.☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month. Then go to Part 3.Tax liability: Month 1 Month 2 Month 3 ☐ Total liability for quarter Total must equal line 10.☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**18 If your business has closed or you stopped paying wages ☐ Check here, andenter the final date you paid wages 19 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☐ Yes. Designee's name and phone number Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☒ No.**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Print your name here

Miriam M. Niño

Print your title here

OWNER

Date 10/10/09

Best daytime phone 619-990-0863

Paid preparer's use onlyCheck if you are self-employed ☐

Preparer's name

Preparer's SSN/PTIN

Preparer's signature

Date

10/10/09

Firm's name (or yours if self-employed)

Merc Advisors, LLC.

EIN

Address

660 Bay Blv Ste 101

Phone

619-691-9620

City

Chula Vista

State

CA

ZIP code

91910

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

Calendar year **2009**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

970309

Employer identification number _____

Name (not your trade name) **Miriam M. Niño**

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 (or Form 941-SS), DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Report for this Quarter

- ☐ 1: January, February, March
☐ 2: April, May, June
☒ 3: July, August, September
☐ 4: October, November, December

Month 1

1		9		17	15.31	25	
2		10	17.25	18		26	
3	8.42	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	39.43
8		16		24			

Tax liability for Month 1

80.41

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	34.89
5		13		21	27.93	29	
6		14	16.84	22		30	
7	27.93	15		23		31	
8		16		24			

Tax liability for Month 2

107.59

Month 3

1		9		17		25	65.22
2		10		18	27.93	26	
3		11	27.93	19		27	
4	27.94	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

149.02

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter
 Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).

Total liability for the quarter

337.02



PAGE 1 OF 1

A0060198

QTR ENDED 9 30 09 DUE 10 01 09 DELINQUENT 11 02 09 09 3

261 3265 4

Miriam M. Niño
401 H Street Suite 8-B

Chula Vista CA 91910

1 1 1

VOLUNTARY PLAN DI

No Payroll

Final Return

Denise

Peiler

1,930.50

1,930.50

1,930.50

1,930.50

1,930.50

1,930.50

I declare that the information herein is true and correct to the best of my knowledge and belief.

SIGNATURE

DATE 10 10 09

TITLE Owner

PHONE NO. 619-691-9620

Form DE 88ALL Payroll Tax Deposit

(on bottom of page)

CUT ALONG DASHED LINE

CUT ALONG DASHED LINE

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PEN

EMPLOYMENT DEVELOPMENT DEPARTMENT

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Miriam M. Niño

401 H Street Suite 8-B

Chula Vista CA 91910

EDD 01128

PREPARER

PHONE NUMBER